The Canadian Nurse

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WHY THEY STAY AWAY

Now that the last stragglers are reluctantly getting back to work and nursing association activities will soon be in full swing, it seems appropriate to say a word about meetings in general.

Are meetings worthwhile? A good deal of time and energy is devoted to them, usually by busy women. Is this effort justified in terms of results? To those of us who attended regularly, yes. Considered from a personal angle, most of us enjoy the sense of solidarity which comes from just getting together. Some welcome the impact of new ideas, while others like to stand up for hoary traditions. A few do most of the work and many of us "just belong," after the manner described in verse elsewhere in this *Journal*. Taking it by and large, however, while the old guard grumbles occasionally, they know that nursing organizations do accomplish a great deal of useful work. Why is it then that attendance at regular meetings is not always as large as it should be? Why do many of the younger nurses either stay away altogether or else remain silent and aloof? Not long ago we tackled one of the youngsters and got some first-hand information which is worth thinking about.

The Young Idea

First, let it be made clear that this particular young nurse *does* attend meetings. She is a hard-working member of her own Alumnae Association and takes a healthy interest in her provincial association as well. Furthermore, she is a handsome and popular girl and goes out a good deal so that she is really representative of youth. She thinks that most meetings seem dreadfully dull to young nurses. The routine business is pretty dry and the reports of committees are rather tame. Some presiding officers are incapable of stimulating discussion and get flustered if a statement is even mildly challenged. Programme committees are not always wisely chosen with the result that dreary "addresses" bring the melancholy proceedings to a close. "If it wasn't for the cup of tea and *the off chance of seeing the other girls* you couldn't get them out at all." But dullness is not the whole story.

Crabbed Age

It appears that there is another reason which keeps the young fry away: "They think that the same lot of old dames always run everything." We make no apology for this frank statement; we invited it; we got it, and we think there is some truth in it. Next month we propose to let the "old dames" say a word and we shall then invite suggestions for betterment from crabbed age and youth as well as from that seasoned group which lies between. We refer to "the older nurses," at least that is the way our young friend described them. We gathered that members of this category are thought to be open to suggestion without being blown about by every wind of doctrine. "They know what it's all about," is the way she put it. The precise age limitations were not made clear but we learned that it is not altogether a question of chronological age: "It's all in the way they look at things," said the young idea, as she dashed away to keep an appointment at her hairdresser's.

NURSING ASPECTS OF RADIOTHERAPY

SADIE A. WILLIAMS, Supervisor, Department of Radiology, Toronto General Hospital

Carcinoma patients who are not treated by surgery alone either have radium therapy, or high voltage therapy otherwise known as deep X-ray. If the former, the treatment is given by means of surface applicators, needles, radon seeds or teleradium. The teleradium apparatus, commonly called "the bomb," contains approximately four grams of radium element. The nurse's responsibility is the care of the patient during and following the different forms of treatment. We must think of radium precautions, firstly to safeguard the patient, and secondly, to prevent loss of the radium itself.

Safeguarding the Patient

To safeguard the patient, it is necessary to be certain that the radium remains in its proper position during the term of treatment. This necessitates frequent inspection of the radium application. The care of the skin preceding and following treatment is most important. Metal base ointments or solutions should not be used during the course of treatment, which means that iodine must not be used for skin preparation for operation purposes. Instead, the use of gasoline, alcohol or similar solutions is advised. Dakins solution (1-4) or Hygeol (1-8) make a satisfactory cleansing dressing for the skin. If packing is necessary, only plain packing is used. Likewise for eye cases, boracic solution and vaseline are applied. For the same reason, carcinoma patients who are also suffering from venereal disease are not treated for the venereal disease during this period.

Preventing Loss of Radium

Nurses have some knowledge of the high cost of radium and, therefore, know that great care must be taken to prevent loss. Radium labels are applied with a slip knot, and then the whole is attached to the skin with adhesive near the site of insertion or application of the radium. Packing, or dressing, must not be thrown away until thoroughly examined to see if any radium is present. Bed linen should always be shaken thoroughly before being removed from the room. All sweepings should be carefully examined as well. The site of radium should be examined from time to time to see that all needles, packs, or other forms of application are present. As a special precaution, all patients having radium treatment, have radium precaution cards on their beds. Patients receiving teleradium or high voltage also have special charts placed on the ends of their beds, so as to be constantly in view. These serve as a reminder to the nurse that the radium treatment is in progress.

Local Radium Reaction

Normal radiation reaction may be divided into two classes: local and systemic. During the period of treatment, there is little local reaction, but this occurs later. Local reaction is what is expected, and the treatment is not considered satisfactory until it takes place. Physicists think that the dosage should be worked out in terms of mathematics, but radiologists do not believe that to be the correct idea, any more than one would limit the dose of digitalis to fifteen minims. *Local reaction is not a burn*, as many are inclined to call it. The desired skin reaction occurs in about two weeks from the date of treatment. At this time, the skin takes on a rose blush and presents the typical appearance of a severe sunburn. In cases of heavy doses of radium, including teleradium and high voltage, the skin blisters and later breaks and has a serous discharge. This reaction persists for about two or three weeks. During this time, the area should be bathed with a solution of warm boracic, followed by soothing dressings of sterile vaseline gauze. Gradually the reaction subsides, and the tissues heal and become almost normal. By the time healing takes place, six to eight weeks have elapsed from the date of treatment. It is unfortunate that

BEFORE TREATMENT

the nurse who has attended the patient at the time of treatment is usually unable to see the result at this period, as it is at this point improvement is evident, and not at the time of treatment. Nurses see the different stages of treatment in different patients, but there is often not sufficient continuity to give them a concise knowledge of radiotherapy.

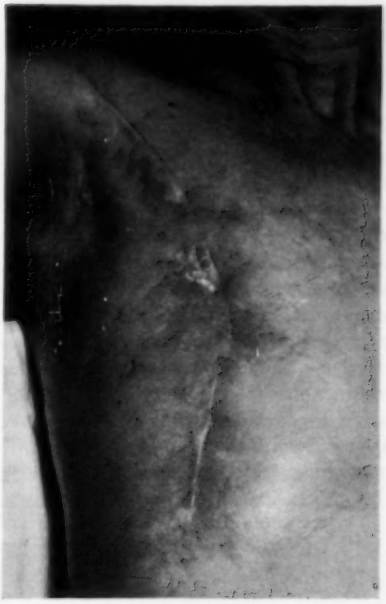
When therapy is discontinued, we still find boracic, Dakins and Hygeol solutions most satisfactory for cleansing purposes, but to increase the rate of healing, vaseline gauze or zinc oxide and castor oil (equal parts by weight) is used. In some cases, ten per cent tannic acid in vaseline has been found excellent.

Systemic Reaction

The vast majority of patients receive their course of treatment with little or no systemic change. Others, even one-half to one hour after treatment have nausea, vomiting, headache, anorexia, chills, fever, and in rare cases, prostration. There are several theories advanced as to systemic change. Some believe it is caused by acidosis, others maintain it does not occur unless the digestive system (involving the vagus nerve) falls into the field of treatment. When the region of the salivary glands is radiated, alterations in the salivary secretions, and in taste and smell are frequently present. When the gastric glands and vagus nerve are radiated, nausea and vomiting result. Still others believe that the reaction in question is caused chiefly by "adulteration of the blood with the toxic substances resulting from the disintegration of the pathological or normal elements destroyed by the radiation." Then again, there may be direct action on the nerves. Radiologists and physicians here admit they do not know the cause of this discomfort, nor why the subsequent treatment given should help the patient.

Treatment of Systemic Change

These patients are similar to pernicious vomiting cases, and should be treated in a rather similar manner. Reassurance of



AFTER TREATMENT

the patient, which naturally promotes co-operation, is probably the most important. All carcinoma patients should be in light, airy wards, with plenty of ventilation. Three to eight patients in wards make a satisfactory number, with acutely ill patients in single rooms. It has been found beneficial to have the patient lie flat immediately following treatment, and to be kept very quiet to assure rest. Free elimination is, of course, very important. The patients, as a rule, have little interest in food, and it is necessary to cater to their whims concerning diet. Fluids of high calorific value should be given in large quantities. Glucose drink is given freely, usually begining as early as six in the morning, and continued throughout the day. Many patients ask for something sour, complaining that their food has no taste. Grapefruit juice, grape juice, tomato juice, bovril, tea or buttermilk are frequently given. Patients are encouraged to eat lump sugar and hard candy. In severe cases, ten per cent glucose, given intravenously, has controlled the nausea and vomiting.

In oral and throat cases, glycothymoline, or any such solution, used in a spray made more forceful by compressed air and suction, has been found the most satisfactory method of cleansing. In severe throat reactions, we find warm soda bicarbonate irrigations both cleansing and comforting to the patient. These treatments are done at least twice a day, and in between, the patients are encouraged to use any good mouthwash at least every half-hour. In gynaecological cases the usual pre-operative and post-operative routines are followed. Fluid diet is adhered to during treatment. In all cases, after radium is removed, soft diet, or any nourishing combination of foods, which the patient can manage to eat, is given. Pain, soreness, anorexia or odor, make it especially difficult for these patients to take food. In this way, almost every diet has to be suited to the individual patient.

Social Service

The services of a social service nurse in this department have been most helpful. Her duties are limited to carcinoma patients. As the majority of the patients come from various parts of the entire province, many difficulties regarding transportation present themselves. This problem, together with those associated with diets, drugs, surgical appliances, clothing and home adjustments, are adequately settled by the social service nurse, thus allowing the doctors and staff nurses more time for other duties.

When a patient is discharged, a letter regarding the patient's diagnosis, treatment, and date of return to the hospital, is written by the ward interne to the family physician. A printed circular of information is given to the patient, outlining in detail the type of reaction which may occur, and the treatment to be followed. The patient is also advised to return at once to the clinic, if there is any special reason for doing so. All patients are requested to report back to the follow-up clinic of the department, anywhere from two weeks to two months, unless residing at too great a distance from the centre, in which case, they are expected to report to their family doctor at regular intervals. It is remarkable how well the patients attend the follow-up clinics. They are all given a return card on discharge, and with their keen desire for help, the co-operation of their family physician, and the social service nurse, the number who present themselves for re-examination is increasing daily.

REFERENCES:—McKee "X-ray and Radium Treatment of Diseases of Skin", page 293-294.

AN ICELANDIC NURSE

One of the many advantages of living in a seaport is that interesting overseas travellers must needs pause at one's door. One of these welcome visitors was Miss Sigridur Bachmann, S.R.N., a Red Cross nurse whose work for the greater part of the year lies in an isolated fishing settlement in southern Iceland. Here she gives generalized service to the fishermen who man the trawlers from January to May, when the cod are running in the stormy northern seas. The boats return from time to time to the settlement to unload and during their brief stay on shore the crews live in barracks. Their life, however, is not entirely communal as one would expect; each crew employs a woman who acts as cook and housekeeper, and, in case of illness, as nurse. Miss Bachmann is kept busy with first-aid work and general nursing care as well as giving simple health instruction. The nearest doctor is some miles away and she must meet serious emergencies as best she can, but fortunately the Icelandic Red Cross has provided an ambulance by means of which seriously ill patients can be taken to the nearest hospital. From September to December, each year, the Red Cross Society arranges for Miss Bachmann to visit various parts of the country and to instruct groups of women and girls in home hygiene, bedside nursing and infant welfare. Their response is enthusiastic.

Miss Bachmann is a graduate of the school of nursing of the University College Hospital, London, and also of the course at Bedford College, formerly given under the direction of the League of Red Cross Societies but now transferred to the Nightingale International Foundation. Her visit to Canada was arranged under the auspices of the committee on exchange of nurses of the Canadian Nurses Association and she spoke most appreciatively of her Canadian experiences.

Some interesting glimpses were given us of nursing conditions in Iceland. There is only one school of nursing, that conducted by the State Hospital at the capital city, Reykjavik. The Icelandic Nurses Association is a well organized and capably directed group which exercises con-

Miss Sigridur Bachmann, Wearing Icelandic Costume

siderable influence over nursing affairs and is called into consultation by governmental and voluntary health agencies. The Association publishes a quarterly journal none the less interesting because it is mimeographed. The editor hopes before long to attain to the dignity of print. Miss Bachmann regretted that our magnificent distances made it impossible for her to visit her compatriots on the Icelandic settlements in Manitoba. We had the pleasure of telling her about the excellent Icelandic women who are Canadian nurses, among them Inga Johnson, R.R.C., who after distinguished war service assumed the direction of the Ice-

landic Old Folks Home at Gimli, on the shores of Lake Winnipeg.

In a description of the proceedings at the International Congress of Nurses in 1933, reference is made to the admission of Iceland to the International Council. Miss Florence Emory, at that time president of the Canadian Nurses Association, welcomed the Icelandic representative and the following charming incident took place:

To mark the occasion, Canada presented to Iceland a beautiful bouquet arranged in the form of the Icelandic flag and composed of red and white roses and blue cornflowers, the Icelandic national colours. It seemed natural that Canada should welcome Iceland. The men and women of that northern island have made a rich contribution to Canadian life, especially in the western provinces of the Dominion.

The work of the National Committee on Exchange of Nurses will, in a later issue, be described by its chairman, Miss Jean Browne. In anticipation it may be said here, that not the least of its functions is to strengthen the links of international friendship.

LA FETE DE JEANNE MANCE

L'anniversaire de l'arrivée de Jeanne Mance au Canada, le dix-sept mai, est célébré chaque année, dans le grand hôpital dont elle est la fondatrice.

L'Hôtel-Dieu de St-Joseph de Montréal, est aujourd'hui, un groupe d'édifices importants occupant un vaste quadrangle que domine la statue de cette femme héroïque, qu'on peut appeler avec justice, la pionnière des gardes-malades laïques du Canada. Sa gracieuse image, drapée dans sa robe aux plis profonds, se penche sur un soldat blessé, dans un geste infini de pitié et de tendresse; ce monument est le cadre naturel pour la commémoration de sa mémoire.

Le dix-sept mai, les cérémonies commencèrent par la bénédiction solennelle du Très Saint Sacrement célébrée dans la chapelle attachée à l'hôpital. Les voix des Soeurs, chantant les hymnes et les répons de l'Office célébré au grand autel, nous parvenaient à travers la grille avec une pureté et un charme exquis. A la fin de cet acte émouvant de foi, une procession se forma; les infirmières laïques ouvraient la marche; elles étaient revêtues de leurs uniformes immaculés, avec voiles et gants blancs. En portant les magnifiques couronnes de fleurs offertes par différentes associations canadiennes-françaises, elles défilèrent lentement dans la nef de l'église, suivies par les représentantes des autres groupes de gardes-malades canadiennes-françaises, deux à deux, chacune portant un flambeau allumé, protegé par un abat-jour, sur un coté duquel on voyait un coeur, symbole de celui de Jeanne Mance, et sur l'autre coté une simple croix. La procession chemina lentement le long des hauts murs gris de l'hôpital, jusqu'à la cour d'entrée, où les tributs floraux furent déposés au pied du monument.

Après cet acte touchant, le défilé pénétra à l'intérieur de la maison, dans la vaste salle du département des gardes-malades, où une pièce en un acte, écrite par Mlle Marie-Claire Daveluy fut représentée. Cette pièce intitulée: "Un jour critique dans la vie de Jeanne Mance,"

fut rendue avec beaucoup de dignité, de charme et d'humour, par quatre personnages, dont trois étaient des gardes-malades étudiantes. Le rôle de Jeanne Mance était rempli avec beaucoup de grâce par une jeune fille, laquelle quoique n'étant pas garde-malade, était d'une telle ressemblance avec l'héroine, que l'auditoire en fut tout saisi à son entrée en scène.

La pièce nous découvrit les moyens ingénieux dont s'était servi Jeanne Mance pour triompher de certaines difficultés administratives qui auraient grandement retardé le développement de son hôpital. La pièce fut rendue avec tant de naturel que les gardes-malades de l'auditoire eurent l'impression que cette scène s'était passée hier; nous avions la vision très nette de Jeanne Mance, garde-malade laïque, en prise avec de grandes difficultés, et s'efforcant de trouver les moyens justes pour y remédier. Pour un témoin, au moins, les années écoulées s'évanouissaient, et Jeanne Mance vivait sous ses yeux.

Un peu avant la cérémonie, nous avions fait la visite de l'hôpital et nous avions vu dans la pharmacie, les pots bleus et blancs, de faïence, apportés de France, par Jeanne Mance. Quelques-uns de ces pots sont encore en usage; dans l'un de ceux-là, on conserve le miel dont on se sert pour les prescriptions pharmaceutiques. — Peut-être, que Jeanne elle-même, si pratique, s'était-elle servie de ce même pot? — Aussi, gentiment, nous l'avons effleuré du bout du doigt.

Au retour, tout naturellement, je repris le chemin du monument. La lune dans son plein, et tout à coté, une étoile brillante, s'élevaient lentement dans la nuit. Sous l'ombre du dôme de l'église, se dessinait la statue illuminée des rayons lunaires, tandis que la brise de mai déployait les plis du drapeau de France, la bannière de Jeanne Mance, la première garde-malade canadienne. E. J.

(*Editor's Note*: This article originally appeared in the July issue of *The Canadian Nurse* under the title of "The Festival of Jeanne Mance." The Reverend Sister Allard, Hospitalière-en-chef in l'Hôtel Dieu in Montreal, has kindly translated it for the benefit of our French readers.)

ANNUAL MEETING IN NOVA SCOTIA

The annual meeting of the Registered Nurses Association of Nova Scotia took place on July 4 and 5 in Halifax with the president, Miss Lenta Hall, in the chair. The Mayor of Halifax welcomed the sixty members who were in attendance and, after an address from the president in which she reviewed the year's activities, a number of interesting reports were received. The registrar, Miss M. Graham, pointed out that membership had now reached the highest point ever attained and now comprises 787 members of whom 566 are in good standing. The Association has now branches in Halifax, Pictou, Antigonish, Cape Breton and Valley respectively. It is expected that a sixth branch will soon be organized in Cumberland-Colchester county. All the branches gave excellent accounts of their activities. Miss E. Browne, convener of the committee on enrolment of nurses for war or disaster, was able to report an increase from 35 to 96; the quota from the province is 175.

The officers of the Association for 1935-1936 are as follow: President, Miss Lenta Hall; first vice-president, Mrs. C. F.

Gillis; second vice-president, Mrs. C. M. Ryan; third vice-president, Miss A. W. Foster; recording secretary, Miss Ruth Hart; *Conveners of Committees*: Public health, Miss M. Buchanan; private duty, Mrs. E. M. Haliburton; nursing education, Miss V. I. Winslow; program and publication, Mrs. I. D. Nickerson; legislative, Miss M. Haliburton; advisory, Sister Anna Seton; Library, Miss S. A. Archard; arrangements, Miss F. Cliff; Red Cross, Miss E. Browne; nominating, Miss H. A. Purtill; *Councillors*: Halifax, Mrs. E. M. Haliburton, Mrs. H. Hall; Pictou, Miss R. Enman, Miss P. MacDonald; Antigonish, Miss R. Chisholm, Sister M. Peter; Cape Breton, Miss A. Martin, Miss M. Bates; Valley, to be appointed.

THE NATIONAL SCHOLARSHIP

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association

Through the courtesy of Miss Olive Baggallay, secretary of the Florence Nightingale International Foundation, the *Journal* has been provided with a full account of the ceremony which marked the presentation of certificates to twenty-one students drawn from thirteen countries. These students are the first to complete the course under the auspices of the Foundation and it promises well for the future that, without exception, all made excellent records.

Naturally we point with pride to our three Canadians. Only three out of twenty-one students achieved distinction throughout the whole course and two of these are Canadians: Miss Gretta Mackay Ross and Miss Jean I. Masten. To add to our laurels, Miss Elizabeth Smith achieved distinction in hygiene and psychology. Miss Christine Murray not only obtained distinction in psychology but was chosen as spokesman for the entire student group at the presentation ceremony. Miss Jean Gunn, who was present, reports that Miss Murray bore herself in a manner worthy of the audience and of the occasion. Excerpts from her address follow:

It is my privilege this afternoon to express the thanks and appreciation which we feel towards those who have done so much to make this year a happy and successful one. It has brought to us a variety of experiences, the full value of which we shall not realize until we are at home, solving our own individual problems. Now the end has come, and this occasion is for us one of great joy and sorrow: joy because we are going to our homeland, and sorrow because we are parting with new-found friends.

We came from many parts of the globe, with different languages, customs and backgrounds, but with a singleness of purpose to prepare ourselves for further service in the field of nursing. We have lived under one roof as a miniature League of Nations. We have had our discussions, but no one has seceded, and the interchange of ideas has given us a wider view and a clearer conception of nursing in other countries.

We are the first class to study under the Florence Nightingale International Foundation. We are greatly indebted to those who conceived and inaugurated this memorial, and to the League of Red Cross Societies which originated and sponsored these courses in former years. Everywhere we have been graciously received. The hospitals and public health departments have opened wide their doors, and with great patience have explained to us their methods and answered our many questions. The members of the staffs of Bedford College and of the College of Nursing have given unstintingly of their time and have had great understanding of our many problems. We are greatly indebted to them for the help which they have given us.

The distinguished gathering was presided over by that staunch friend of nurses, Sir Arthur Stanley, and numerous and delightful social functions marked the happy event.

The attention of the members of the Canadian Nurses Association is drawn to the announcement of the scholarship award for 1936-1937 to be found elsewhere in this issue of the *Journal*. It is hoped that keen interest will be demonstrated by a large number of applicants competing for this interesting opportunity for postgraduate study under the auspices of the Florence Nightingale International Foundation. The following long list of donations to the Fund is encouraging evidence of the fine support which Canadian nurses are giving to this international project:

Alberta	
A.A., Edmonton General Hospital	$ 5.18
Graduate Nurses Association, Lethbridge	10.00
Manitoba	
A.A., Children's Hospital, Winnipeg	10.00
A.A., Misericordia Hospital, Winnipeg	10.00
A.A., St. Boniface Hospital	25.00
Undergraduate Staff, St. Boniface Hospital	10.90
Graduate Staff, Brandon General Hospital	4.00
Graduate and Undergraduate Staff, Dauphin General Hospital	3.80
Graduate and Undergraduate Staff, Freemasons' Hospital, Morden	3.00
Nurses, Deer Lodge Military Hospital, Winnipeg	3.00
Graduate and Undergraduate Staff, Neepawa General Hospital	2.00
Central Tuberculosis Clinic Staff, Winnipeg	2.50
Bureau of Child Hygiene, Nursing Staff, Winnipeg	1.50
Nursing Division, Provincial Department of Health, Manitoba	15.25
Nursing Staff, Hospital for Mental Diseases, Selkirk	3.00
Nursing Staff, Teulon Hospital	2.00
Graduate Staff, Vita Hospital	2.00
City of Winnipeg Tuberculosis Nurses	1.50
Nursing Staff, Winnipeg Public Schools	4.00
Graduate Staff, Winnipeg General Hospital	58.50
Nursing Staff, Social Service Department, Winnipeg General Hospital	2.00
Nursing Staff, Ninette Sanatorium, Ninette	9.00
Group of Private Duty Nurses	4.25
Miss S. M. Wright	.50
Mrs. S. G. Kerr	.50
Dr. and Mrs. D. A. Stewart, Ninette	1.00
Student Nurses, Winnipeg General Hospital	8.00
Miss Viola Leadlay	2.00
Miss M. Kingerski	.50
Miss Margarson	.50
Miss J. Parenteau	.50
Miss M. Skinner	.50
Nova Scotia	
A.A., St. Martha's Hospital, Antigonish	10.00

AN EXCELLENT CHOICE

Great interest is being shown all over Canada in the health insurance measures which are contemplated by the Provincial Government in British Columbia. The policy of inaugurating health insurance has already been adopted and the government is now seeking to have the best scheme possible. As one means of doing so, the Provincial Secretary, Hon. G. M. Weir, has announced the appointment of a committee on health insurance, the personnel of which is as follows:

Percy R. Bengough, general secretary, Vancouver and District Trades and Labour Council; Miss Grace Fairley, R.N., superintendent of nurses, Vancouver General Hospital; Grant Fleming, M.D., professor of public health, McGill University; J. H. McDonald, prominent industrialist, and member of the executive committee of the Canadian Manufacturers Association; E. W. Neel, president of the British Columbia Hospitals' Association. Allan Peebles, Ph.D., technical adviser to the Provincial Government on health insurance, will act as chairman. The consultants who will aid the committee are H. M. Cassidy, Ph.D., director of social welfare for British Columbia; Mr. C. F. Davie, K.C., of Duncan, chairman of the 1929 British Columbia royal commission on health insurance and maternity benefits; J. J. Gillis, M.D., M.L.A., of Merritt;

Arthur K. Haywood, M.D., superintendent of the Vancouver General Hospital; Hon. George S. Pearson, minister of labour; Mrs. Helen Douglas Smith, M.L.A.; Mr. E. S. H. Winn, commissioner of the Workman's Compensation Board; H. E. Young, M.D., provincial health officer.

Hearings will be held in various parts of the province at which the proposed legislation will be thoroughly discussed. The committee will thus be in a position to offer expert advice when the proposed measure comes up for consideration at the next session of the Legislature. It is highly satisfactory to know that an outstanding nurse, Miss Grace M. Fairley, has been chosen as a member of this important committee. The choice is a tribute not only to Miss Fairley but to the profession of which she is so distinguished a member.

ON THE TRAIL OF ADVENTURE

Aden,
October, 1915.

Dear E.,

We are living in a perfectly wonderful bungalow. Part of it struggles up a cliff and part is perched on a ledge halfway up the crater of a volcano, which I devoutly hope will remain extinct. Rooms are scattered all over the place and after we had been in possession a whole month, I discovered an entirely new one. The view is marvellous, right over the native regiment lines and a mosque at our feet, to the native town beyond. Away in the distance is a big crack, where presumably the volcano decanted itself into the sea, bubbling up into a tall spiky island. At the proper intervals the muezzin betakes himself to the minaret and the call to prayer sounds musically abroad:

I bear witness that there is no God but God.
I bear witness that Mohammed in the prophet of God
Come to prayer,
Come to salvation.
There is no God but God.

Wafts of incense from the native houses reach us now and then, and the clamour of the bazaar far off is a subdued hum. We sleep on a big square bit of roof and the nights are wonderful under the stars. Occasionally an Arab funeral winds its way up to the Main Pass above us and we see the lanterns and hear the chant on the road below.

We landed in Aden with a warm welcome and stayed with our special friends the T's. in Tawahi while our fate was being decided. Then Government swept A. up and deposited him here as civil surgeon and jail superintendent. He is busy all day, for private patients pour in and if he is dull he can write letters to himself. The civil surgeon objects to a man being flogged—by orders of the magistrate—and the jail superintendent wants to know why, and there is much correspondence between the two offices. In other departments the same game is played—Mr. T. as chairman of the port trust sells some grain to himself as chairman of the Aden Settlement, the grain is bad and the two offices correspond at length.

While A. is in hospital in the morning, I don topi and dark glasses, and with a big sun umbrella betake myself to the bazaar. Here I am known as the "Hakim's woman", and Bedouins stop their chains of camels and pass me through with a flash of white teeth and a cheery greeting. Generally a black-shrouded figure taps me shyly on the shoulder with the whispered question "Where are you going?" and when I reach my destination there are several of these figures and we are almost a procession. We enter the door of a native house and are welcomed into the women's quarters. The figures divest themselves of their shrouds, disclosing brilliant garments and much jewellery, and we sit round while looban is burnt, filling the air with a heavy sweet fragrance; and we drink coffee which seems all sugar.

I am greatly in demand at weddings and revel in the wonderful colour of the women's dresses, augmented by sunlight pouring through windows of coloured glass. It being unusual for European women to go to these functions, and *ghari wallah* refused to leave me alone till I had got one of the men of the house to explain that all was well. Sometimes I go shopping in an Indian merchant's store.

Bales of shimmering silks are laid before me, while round me stand Arabs keenly interested, and full of arguments as to prices. In an inner room there may be a high-born lady whose slaves show her the goods—and I am requested to step in and be questioned.

In the afternoon the whole world sleeps, to rouse to activity again at tea-time. Then A. and I, in the faithful old Rover, go off to see patients or play an occasional round of golf on the mud links at Khor Kaksur. Sometimes we spend a night at Tawahi and motor out in the early morning to Goldsmohr valley where we bathe in a sea that caresses with cool warmth, till the sun sends us home to *chota hazri* on the verandah. Or it may be a moonlight picnic with Elephant Rock silhouetted against a silver sea and Shum-shum and his attendant peaks towering darkly behind us. At night after dinner, our friends, both Arab and European come to call and we sit on the roof and hear strange tales. On Sundays there is less hospital work and we go to the evening service in Tawahi and afterwards have dinner with Dr. Y.

Out at S. . . . our hospital and bungalows are once more in British hands though badly battered, and the former is a casualty clearing station, for S. . . . is the front and our local war continues.

We had a thrilling time the other day for A. was given the Kaisir-i-Hind medal for public services in India, only they were in Arabia! There was a Durbar and the Resident pinned it on while everyone made pretty speeches. It was really a man's party but K.T. and I were allowed to be there and I was a shining example of the proud wife.

This correspondence must now cease.

L.

Dalhousie, India,
June, 1918.

Dear E.,

Don't we just flit about the map! A. is on sick leave and we are here sampling some hill air. We crossed in the *Nellore* to Bombay and put up in a hotel while A. was poked about, X-rayed and questioned, and finally ordered to the hills for a spell. Luckily for us our friends the M's. from the Mission were coming up here; he as chaplain to the troops, so we were able to join forces. They came on first to get dug in, and we followed leisurely. We nearly frizzled up entirely on the train before we reached Agra, but forgot our sorrows when the C's. met us and took us to the Railway Rest House for the night. After dinner on the verandah a carriage and pair arrived, and we had the experience of a lifetime, for we saw the Taj Mahal, and by moonlight. It's just everything lovely you ever dreamt of, frozen into marble. We wandered about for ages and were back next morning to see it at sunrise. First silver and blue, then glowing rose and gold.

After breakfast we prowled round the Fort with its red sandstone base crowned with white marble buildings, like a bit of fairyland come true. We were loth to leave by the night train, especially as A. and I had to part company, he to a carriage full of young army officers, and I to a "ladies only", which contained one English woman of a fractious turn of mind, one Moslem lady of an inquiring one, and three Parsees who chattered incessantly the whole night. We stopped at Delhi for a spell and I peeped out through a chink in the closed blinds (the Moslem lady being strictly purdah) at a seething mass of clamourous humanity.

We reached Amritzar in the early morning when A. and I joined forces again and betook ourselves to a hotel for the day. We visited the Golden Temple, rather garish after the marble loveliness of the Taj, and drove through the bazaar. At night we journeyed on once more, this time together, to Patankot which we again reached in the early morning. The railway stopped here and we packed ourselves into a motor car for the most hair-raising drive up to Dunera. The road wound up the mountains with a precipice down one side and up the other. The driver kept the motor horn in his pocket and sounded it when he had time, which was seldom, as we tore round corners on two wheels.

To our huge astonishment we arrived at Dunera intact and spent the rest of the day in a distinctly moth-eaten Rest House, issuing forth at intervals to view the gorgeous country. About 10 p.m. the dhoolies and their bearers fetched up and with much vociferation A. was packed into one and I into the other and we resumed our journey. It was a wonderful night. The dhoolies were most comfortable and the rhythmic chant of the bearers as they trotted up the steep path was most soothing. At intervals we were set down while our men rested and smoked, and each time it was a little higher up and the air was a little keener. Then came the dawn over snow peaks and slopes covered with pines. Monkeys threw themselves from branch to branch, birds twittered, shrieked and chattered, the bearers sang louder and I lay entranced. We got to our destination about 6 a.m.; a bungalow perched on a ledge 7,000 feet up. In front was a pocket handkerchief of lawn, then a valley 3,000 feet below, while pine trees sheltered us from the winding path behind. In a cave under the bungalow a

panther and her family keep house, but she is discreet and we never see her. The big grey monkeys gaze at us mournfully from the deodars, then swing themselves down and down leaving a moving pathway like the wake of a ship.

A. and I take early morning walks up the steep hill paths, meeting duffle-clad hill folk and now and then a mountain pony. Here and there through the trees we catch glimpses across mountain tops to the still higher snow in the far distance. Sometimes we haunt the bazaar and visit shops like that of the Healer of Pearls in "Kim", full of countless treasures piled up in careless heaps. In the evenings we sit round a wood fire, and chat, while, now close at hand, now far off, an indefatigable bird—probably an owl, utters two short metallic notes. The world seems far removed, and we are content.

Ever yours,

L.

[*Editor's Note*: These letters were written to a friend by Louie Brice (now Mrs. Alex. MacRae), a graduate of the class of 1912 of the School of Nursing of the Hospital for Sick Children, Toronto. Mrs. MacRae now lives in Newcastle-on-Tyne, England, and with her kind permission as well as that of Miss P. B. Austin, superintendent of nurses, the Hospital for Sick Children, the *Journal* is privileged to publish this delightful record of adventures in many lands. More letters will appear in successive issues.]

FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION SCHOLARSHIP

A scholarship of the value of twelve hundred and fifty dollars ($1,250.00) is offered by the Canadian Nurses Association for the purpose of taking a course, during the session 1936-1937, at Bedford College, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship covers the cost of tuition fees at Bedford College, living expenses at Florence Nightingale International House and a small allowance for incidental expenses. Courses are available for either:

(1) Nurse administrators and teachers in schools of nursing.

(2) Public health nurses.

Applicants must be graduates of approved Schools of Nursing and be registered in the Province in which they are actively engaged in nursing. The age limit is 41 years. Application blanks and calendars giving full information concerning the courses may be had on request from:

THE EXECUTIVE SECRETARY
Canadian Nurses Association,
1411 CRESCENT ST., MONTREAL

to whom completed applications should be returned not later than January 15, 1936, together with the necessary forms and credentials.

The award will be announced on April 1, 1936.

THE EDITOR'S DESK

Worldwide

In *Notes from the National Office* you will find a stimulating account of the proceedings of the recent meeting of the Board of Directors of the International Council of Nurses. The spirit of our time does not seem to foster a good understanding between the nations and we may have to work hard to preserve the precious relationship which, initiated by enlightened leaders, has been enriched through the years by the ungrudging effort of nurses all over the world. The distinguished Founder of the International Council of Nurses, Mrs. Bedford Fenwick, and its President, Dame Alicia Lloyd Still, must both have felt proud of the spirit which prevailed at the meeting and of the strong determination of all the delegates to stand together in the face of a difficult financial situation. In a world of conflicting loyalties the International Council of Nurses has greater significance than ever.

Readers' Guide

In "Nursing Aspects of Radiotherapy" Miss Sadie Williams, supervisor in the department of radiology in the Toronto General Hospital, gives clear and practical advice regarding the nursing of patients who have a special need of skilful care. This article should be read in conjunction with "Radiotherapy," by Dr. A. D. Irvine, which appeared as our leading article in the September number. △ We in Canada have recently had the pleasure of welcoming a number of interesting visitors from other lands, and in "An Icelandic Nurse" we introduce you to one of them. △ We were very proud when we opened *The British Journal of Nursing* and found that "The Festival of Jeanne Mance" was quoted in full. At the request of several of our bi-lingual readers, we persuaded the Reverend Sister Allard, hospitalière-en-chef de l'Hôtel Dieu in Montreal, to translate it into French, a process which has added a distinction not so apparent in the original English. △ As we must needs face yet another winter in what seems to be an unending depression, public health and visiting nurses will do well to study closely Miss Rose Chambers' discussion of "Minimum Adequate Food Supply." That any such restriction of food should be necessary in a country so rich in natural resources as Canada is one of the many ironies of our economic system. Miss Chambers is the nutritionist of the Montreal branch of the Victorian Order of Nurses for Canada. △ Miss Katharine MacLennan, who is the assistant of the superintendent of nurses and instructor in the Alexandra Hospital for contagious diseases in Montreal, presents the third and concluding article in a series dealing with the care of patients suffering from communicable disease. Miss Catherine Ferguson, superintendent of nurses at the Alexandra Hospital, believes that *individual* instruction must be given in nursing procedures in order that both patient and nurse may be protected. This method has been described, on our side of the water, as the English tutorial system and might to advantage be carried out in all Canadian hospitals. △ On the very first page we ask an indiscreet question. If you think you know the answer please come to our assistance. This invitation especially applies to "the old dames" for whom we (naturally enough) cherish a sneaking regard. However, if any of the bright young people who "stay away" would like to say a word or two in their own defence, our pages are open to them. △ If your spirit of adventure is easily kindled on no account should you read the announcement on the opposite page. However, if you *do* read it it is entirely at your own risk. We cannot be responsible for what might happen to you; you *might be accepted*.

Institute of Public Health
Faculty of Public Health
University of Western Ontario
LONDON CANADA

Department of Private Duty Nursing

WHAT DO YOU THINK ABOUT IT?

One of the many interesting features of *The Pacific Coast Journal of Nursing* is a department called "Off-Time Thoughts" which is edited by Miss Laura Deacon, chairman of the private duty section of the California State Nurses Association. We have Miss Deacon's kind permission to quote the following verses which she recently used to point a moral and adorn a tale. If we had our way they would be read aloud wherever nurses are gathered together:

Do You "Just Belong"?

Are you an active member, the kind who's liked so well?

or

Are you quite contented with a badge on your lapel?
Do you attend the meetings and mingle with the flock,

or

Sister, do you stay at home and criticize and knock?
Say, do you take an active part to help the work along,

or

Are you satisfied to be the kind that "just belong"?
Do you ever go to visit that good sister who is sick,

or

Leave the work to just a few—then talk about "that clique"?
There's quite a program scheduled that you should have heard about,

and

We'll appreciate if you'll come and help us out.
Come out to all our meetings and help with hand and heart;

and

Don't be "just a member," but take an active part.
Please think this over, sister—you know the right from wrong,
But BE an active member, instead of "Just Belong".

Miss Deacon tells us that she has tried to trace the author in vain. Wherever she may be, we congratulate her on her witty and pungent commentary on a frailty which unfortunately is by no means confined to private duty nurses.

Just turn to our front page where you will find a pungent commentary on "Why They Stay Away." Are you a bright young thing? Or one of the "older nurses"? Or one of the old dames? In any case, why do *you* keep quiet? Perhaps you, a private duty nurse, can explain why there is sometimes a brisk discussion over the teacups and chill silence during the meeting. Are there good reasons why we do not speak our mind? If so, what are they?

The Worm Turns

There is a saying that it is a long worm that has no turning and though we would never think of associating private nurses with such a low order of animal life, we do think that there are times when they are justified in saying a word in their own defence. Miss Joy Eby does just that in her letter and then ends up by saying that, hard as it is, there is joy in the task for its own sake.

The articles on private duty nursing have interested me greatly. I appreciate the tales told of graduate versus practical nurses, engaged in private duty. They tally with those I hear continually, no matter where I go, until I am utterly weary of it. Just because people may have come across one or two undesirables they class us *all* as such. No doubt sometimes we are at fault, but surely not always. Is there any other profession, or other branch of the nursing profession in which one must needs spend from twelve to twenty hours a day with patients (or people) in their weakest, most miserable, most critical condition, and yet be cheerful under both praise or abuse, realizing that the sick are not responsible, and that their friends are overtaxed with anxiety? They forget that we, too, are human beings; but some remember this when the crises are past and their remorse is piteous to behold, while others . . . ? However, I love this branch of nursing. It has its own compensations which I have not the time to enumerate but which every true nurse knows.

Department of Public Health Nursing

MINIMUM ADEQUATE FOOD SUPPLY

ROSE CHAMBERS, Nutritionist, Montreal Branch of the Victorian Order of Nurses for Canada.

Dr. McLester, president of the American Medical Association, declared in his inaugural address to that Association that nutrition is the key to a super-race, yet Paul de Kruif, in a recent article tells of that "other half" in our large cities where children are half-starved and mothers are old women at thirty. "Children of the shadows" is his name for them, but even in the country, where space and sunshine are available, we see babes with the haggard faces of old men and wonder what misery will be theirs before their lives are over. The answer to all this is that economic conditions do not permit the plenty that the newer knowledge of nutrition recommends. The key to vitality and radiant health is wrought of coin of the realm, so pitifully lacking with the bulk of our population. Nevertheless, provision is made to a certain extent for every family in Canada. The effort is made to provide enough so that, *if they know how*, they can obtain those essentials which mean the difference between sickness and health. The tragedy is that *they do not know how* and it is with these less privileged ones that we must make our beginning.

The public health nurse is called upon for practical suggestions and assistance in this as in other phases of living. From her own experience she draws much and from the science of nutrition she is also able to make many applications. Until the last two years "minimum adequate" diets were not so greatly her concern. Families might be called upon to live on a minimum diet during an emergency, but this emergency did not extend over a period of years. Now she must be most exact as to the line she draws between "too little" and "enough." Opinions sometimes differ.

A Safe Guide

We use for our authority the report prepared by the nutrition committee of the Ontario Medical Association. Approximations are never as satisfactory as complete details; nevertheless we presume to give a summary of the report for teaching purposes. Food requirements for individuals of all ages are the outstanding feature of the report, with exemplary grocery orders for three families included. These families are made up of two adults and three children, the children in the first family being below five years, those in the second being between five and fifteen, and the three in the third being adolescent. For the benefit of the busy nurse who needs a simple guide we have taken these three families and found the average amount of each food needed for a family group of five for one week and from this we have found the average amount *per individual in the family group*. A range is given, so that even though in the first group certain foods may not be given to the small children, their presence in the family lowers the average and calculations must be made for the total number of individuals.

As a beginning, the supply of milk necessary for every individual is as follows:

From birth to end of 6 months of age: 1½ pints daily.
From end of 6 months to end of first year: 1 quart daily.
From end of first year to end of fifth year: 1½ pints daily.
From end of fifth year to end of eighteenth year: 1 pint daily.
For adults: ½ pint daily.
During pregnancy the requirement for milk is one and one-half pints, and during the nursing period one quart daily.

Cereals

The bulk of the low-cost food order

must be made up of starchy foods as these are inexpensive sources of calories. This report suggests an average of two loaves of bread per person per week and about one and one-third pounds of bulk cereal, including rice, macaroni and uncooked breakfast cereal. These foods are interchangeable, one twenty-four ounce loaf of bread being equivalent to one pound of cereal, and are henceforth called cereals indiscriminately. The average weekly cereal purchase per individual in a family is, then, about three and one-third pounds. If the children are under five, or there are more than three under ten, an average as low as two and one-third pounds may be used, while with adolescents or more than two adults the purchase may go as high as four and one-third pounds per person. At least a third of this purchase should be of the whole grain variety.

Potatoes may be substituted for part of this cereal food, but not *vice versa*. The potato, in addition to the starch it contains, is essential in quantity for certain building and protective factors which the cereals do not provide. The average purchase should be about three and one-third pounds per person per week, the range being, with families varying as described above, from two and one-half to four pounds per person per week.

Fruit

Fresh fruit is in many instances impossible in a low cost diet, which fact makes a source of vitamin C one of relative importance in our discussion. Unfortunately many people fail to realize that raw or canned tomatoes may be substituted wholly or in part for fresh fruit. The Ontario Medical Association suggests one pound of the latter and one-half pound of the former per week, but Miss Lillian Anderson, in her paper for the National Conference of Social Work, suggested that where this is not possible one might rely upon a full pound of tomatoes to provide the protective requirement of this vitamin. A number two can contains two pounds and the canned ones should be selected when the fresh ones are more expensive. On the other hand, dried fruit is the equivalent, in everything except vitamin C content, to four times its weight of fresh fruit and is much less expensive. To provide necessary minerals and roughage an average of from one-fifth to one-third pound per person per week is advised.

Green Vegetables

Returning to our discussion of vegetables, of which we have mentioned only potatoes, we have to consider green leafy vegetables, root vegetables and legumes, the later for the most part dried. In the first group cabbage, lettuce, spinach, beet greens and green beans are interchangeable, but one or the other, depending upon the cost, should be included each week in the family grocery order to the extent of from one-half to one pound per person. In addition to this, root vegetables should be included to the extent of from one to one and one-half pounds per person. Legumes serve as a substitute for the more expensive animal foods because of their high protein content, and are included to about the same average as dried fruits, the range being about one-fifth to one-third of a pound depending upon the group.

Other Essentials

This completes our requirement of the first three groups of foods, milk, cereals, fruits and vegetables and leaves the so-called protein foods and the fats and sweets yet to be considered. As to function, no dividing line can be drawn between these groups since most of the natural food materials within each group contain each of the essential food-stuffs in varying proportions. Thus, while they are in large proportion carbohydrate, cereals contain a small proportion of protein that is of relative importance in a low-cost dietary. In addition they contain a small amount of fat if the whole cereal is used. Vegetables, in addition to the protective and regulating qualities for

which they are particularly specified, are many of them rich in carbohydrate and make appreciable contributions toward the protein supply. We have already mentioned the relatively large contribution made by legumes in this respect.

Unfortunately, animal foods are expensive, and for this reason their use must be limited in the low-cost food supply if we are to avoid deficiency of some other food-stuff. The Ontario Medical Association report suggests that the following, in addition to the foods mentioned above, will give an adequate amount of protein:

Beef or pork liver: An average of one-quarter pound per person per week, the range being one-fifth to one-third.

Cheese: An average of one-quarter pound, the range being one-tenth to one-third.

Fish in amounts as for cheese.

Muscle meat to the extent of one and one-fifth pounds, the range being one-half to one and one-half.

Eggs may be substituted for the muscle meat to the extent that cost permits, one dozen approximating one and one-half pounds.

We complete our list of essential foods by considering fats and sweets. Ostensibly these are for the purpose of supplementing the calories already provided and giving that feeling of satisfaction and well-being that is part of their function; actually the housewife can add to her provision of building and protective foods if she selects wisely. Butter is expensive, but because it is a rich source of vitamins it should be included to the average extent of one-half pound per person per week, the range being one-third to four-fifths. Additional fat is provided by the inclusion of lard, shortening or beef dripping to the extent of one-fifth pound (one-tenth to one-third) and of peanut butter (which supplements the protein and minerals) to the extent of one-sixth pound, that is from one ounce to one-fifth pound.

AMOUNT OF FOOD PER PERSON PER WEEK

	Average	*When Group Contains* 3 or more children all under ten	*When Group Contains* Only adolescents and adults
Milk	See table above	See table above	See table above
Bread	2 loaves plus	1 1/3 lbs.	2 1/3
Bulk Cereal	1 1/3 lbs.	1	1½
Total	3 1/3	2 1/3	4 plus
Potatoes	3 1/3	2½	4
Tomatoes	½	½	½
Root Vegetables	1½	1	1½
Leafy Vegetables	4/5	½	1
Dried beans and peas	¼	1/5	1/3
Dried fruit	¼	1/5	1/3
Fresh fruit	1	4/5	1 1/5
Liver	¼	1/5	1/3
Meat	1	½	1½
(or eggs substituted 1 doz. replacing 1½ lbs.)			
Fish	1/5	1/10	1/3
Cheese	¼	1/10	1/3
Butter	½	1/3	4/5
Lard or dripping	1/5	1/10	1/3
Peanut butter	1/6	1 oz.	1/5 lb.
Molasses	½ pt.	½	3/5
Sugar	½ lb.	2/5	3/5
Cocoa	½ oz.	1/5	4/5
Cod Liver Oil	1 oz.	2 oz.	4/5 oz.

Granulated sugar provides nothing but fuel. Therefore it is suggested that only about one-half pound per person per week be purchased, the rest of the sweet-stuff consisting of molasses (preferably) or honey, jam or corn syrup to the extent of one-half pound. Cocoa is also included in this list, the average being one-half ounce per person, the range being one-fifth to four-fifths ounce. Cocoa is not given to children under six. Tea, coffee and condiments, with the exception of salt, are not considered necessary because of nutritional value but are usually desirable for the sake of mental well-being and contentment. Allowance must be made for their purchase, but a note of warning must be sounded in case real food value is being sacrificed in their favour.

Conclusion

The most satisfactory method of making use of this standard will be by checking the grocery list in present use, commending where the buying is wisely done and giving suggestions where the amount of food purchased is unsuitable. It is fully realized that many families have not the wherewithal to purchase the material named. Nevertheless it is hoped that by using this guide nurses may be able to help in the adjustment to reduced circumstances. For convenience a summary of the suggested amounts follows in tabulated form, with the exception of milk, which must be calculated as shown above.

[EDITOR'S NOTE: *On page 480 further information will be found concerning the refresher course in Nutrition sponsored by the Public Health Section of the Association of Registered Nurses of the Province of Quebec, which is to be given during October.*]

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Department of Nursing Education

TEACHING THE CARE OF PATIENTS SUFFERING FROM COMMUNICABLE DISEASES

KATHARINE M. MacLENNAN, Assistant to the Superintendent of Nurses and Instructor, Alexandra Hospital, Montreal.

The first article of this series, which appeared in *The Canadian Nurse* in July, 1934, related the history and development of the nursing of patients suffering from communicable diseases. The second article, written by Miss Jamieson and published in January, 1935, described in detail a specific example, the nursing of a case of scarlet fever. In this, the third article of the series, I hope to show the various methods by which nursing care is taught, and to prove that the nursing of these diseases is an integral part of the work of the graduate nurse in any of the three principal branches of nursing service, and that it should, therefore, be considered as an essential part of the education of every student nurse.

Opportunity to Learn

In most large hospitals to-day student nurses are expected to learn something about communicable diseases by taking a course, either in a special department of their general hospital or in a hospital specializing in this work where practical experience as well as theoretical knowledge can be obtained. The value of such a course is becoming recognized, and each year a few more nursing schools apply for affiliation. Yet even where affiliation is arranged, not every student is released by the parent school in order to take it, or there may be some students who, unfortunately, do not get this experience because they have a positive Dick test, or because it is thought that their general health is not good enough, or that they have unsatisfactory throat or skin conditions. Such reasons suggest the question: why are student nurses with abnormal conditions accepted into the school, or allowed to complete their undergraduate course? Be that as it may, the great majority of students do not have the advantage of being taught the treatment in nursing care and prevention of communicable diseases. Statistics, gathered in 1932 by the Grading Committee in the United States, and based on records of 15,000 student nurses, show that 76 per cent spent one month or less at this work, and that only six per cent spent as much as two months. In Canada these data have not been obtained, but it is likely that Canadian statistics almost parallel those of the United States.

Pre-requisites

The question frequently arises as to when the student nurse should receive this course. There are certain pre-requisites, both of practice and of knowledge. Experience in paediatrics and in operating room technique is naturally desired before a nurse is given this affiliation. The majority of patients affected with acute communicable diseases are children, and the varieties of nursing procedure, applied to paediatrics, differ greatly from those of adult nursing. It is, therefore, important that student nurses should have completed their experience in paediatric nursing before being assigned to this service. By knowing how to care for children, the nurse is better able to protect herself, and thus to protect the patients for whom she cares. An excuse which is sometimes given, "the child coughed in my face," should not be accepted, because, with proper handling and thorough understanding of the habits of children, this accident should not occur.

By having been trained in surgical asepis, the nurse is better able to grasp the principles of medical asepsis and to cope with the constant danger of cross infections. If she knows what is meant by "sterile" and "unsterile" she can understand more readily the difference between "clean" and "contaminated." Since it is generally admitted that student nurses learn a great deal from each other, when they return to their own hospitals, they will carry back this conception with them. It is, therefore, desirable that they should obtain this experience as soon as these pre-requisites are secured, and in time for the students to be of use in their own schools. This would probably place affiliation in the latter part of the second year.

Clinical Experience

It goes without saying that adequate experience and teaching are afforded only where there is sufficient clinical material. The special department of a general hospital, or a hospital specializing in this work, is the ideal centre for teaching, because in the wards there are patients suffering from all the various infectious diseases, such as scarlet fever, diphtheria, measles, mumps and whooping cough. The student nurse learns by practical experience, closely linked with theory, how to care for such patients. What is taught in the classroom can always be applied on the wards.

Throughout Canada there are many graduate nurses who have gained their clinical experience, often at the expense of the patient, in general wards, in outpatient departments and in community work. They are obviously at a disadvantage, as such experience is at best limited and helps them merely to recognize the disease, not to apply the proper nursing care which is necessary both in the disease and in its complications.

Preventive Aspects

It would mean much to Canada to have an adequate supply of graduate nurses competent to detect and deal with communicable diseases, whether they are public health nurses or engaged in institutional work or private duty. For example: a school nurse notices a child coughing and sneezing; the trained mind suspects measles and looks for Koplik spots and the rash. A child complains to the school nurse of nausea, vomiting, and sore throat; the trained mind suspects scarlet fever and is able to save other children from being exposed to the disease. In a hospital a rash is reported to the nurse-in-charge of the ward; if she has studied communicable diseases, she will take the precaution of isolating the patient before the doctor arrives, and so may protect other patients from becoming infected. It is surely an ideal for medical asepsis to be carried out rigidly with *all* patients for two weeks after admission. However, if this is looking too far into the future, it should at least be carried out on all children's wards, for their resistance is lower than that of adults, and having one disease lessens their resistance to another.

Until this ideal of medical asepsis can be realized, nurses, enabled by thorough training to recognize a communicable disease and fully aware how the disease is spread, can protect a ward in some measure at least from the risk of exposure to infection. Again, the nurse doing private duty observes a child whose difficult breathing might have been thought to indicate croup: her training in communicable diseases, and her constant watch on the patient in order to note absence of spasms, enables her to recognize laryngeal diphtheria and so to save valuable time in checking the disease.

Duration of Course

It has been found difficult to plan for the student nurse to have more than two months of experience during the three-year undergraduate course. All teachers of nurses realize that no student nurse can learn all she should know in this

short period; but, on this side of the water, we consider that it is more beneficial for many students to get at least some insight than to confine opportunity to a very few.

In this hospital our course is of two months' duration. Until three years ago we had three services: scarlet fever, diphtheria, and mixed diseases, and of her sixty days the student nurse spent twenty in each service. Since 1933 we have had only two services, scarlet fever and mixed diseases, for diphtheria is fast disappearing and only an occasional case is admitted. Our aim now is to give the students thirty days in each service. As communicable diseases are for the most part seasonal and occur usually during the winter months, fewer students are accepted during the summer.

Supervision

In any hospital supervision must be rigid because of the standard which must be maintained. In a specialized hospital dealing with communicable diseases, where there is a known risk to the student and other patients as well, supervision must be rigid and constant. Until the student nurse has become accustomed to our methods, she may unconsciously break her technique, contaminate herself, or be responsible for the transfer of pathogenic organisms from one patient to another, and the latter, because of lowered resistance, may develop the second disease.

On the other hand, we feel that in a hospital such as ours where each patient is considered infectious and where every precaution is taken to safeguard the health of the students, there is less danger than in a general hospital where such risk is not so readily thought of. In any hospital offering affiliation facilities there will certainly be problems regarding supervision. In one class there will be student nurses from a number of general hospitals of varying size and with probably varied standards of nursing. It requires tactful teaching and supervision to construct a uniform system that will make each student nurse feel that she can

Several important points are brought out in this illustration. The instruction is individual in character; equipment is simple and is confined to essentials; economy is affected even in such details as the amount of solution which is prepared; the head nurse giving the demonstration is gowned but the onlooking student stands in such a posture that she is not in contact with the patient and therefore wears no gown.

apply the nursing principles previously taught her and adapt the practice of medical asepsis to them. No two nurses, coming from different schools, will carry out any procedure in exactly the same manner — for example, making a bed — for this reason many details have to be overlooked. For the sake of the appearance of the ward and the carrying out of necessary routine, the work has to be systematically planned and, as far as possible, uniformly carried out, but in no way must the previous teaching be undermined. Because of the brevity of the course, supervision must be constant; it is not uncommon for a nurse, when leaving, to remark that she is just beginning to feel that she knows the routine.

The Tutorial System

At the Alexandra Hospital there is a very close relation between supervisors, instructor, and head nurses. A head nurse is considered to be both a supervisor and a teacher, and the instructor might be called both a supervisor and an administrator. Our practical teaching has been likened to the English tutorial system, for it is done by the head nurse. She is responsible for the continuing instruction of all student nurses on her ward in regard to the application of medical asepsis, the general care of the patient, and the routine work. In addition, at regular intervals, twice a month, usually on the first and fifteenth, the head nurse gives individual instruction to any new students assigned to her ward. It is rare for her to have more than two new nurses at any one time and frequently she has only one. She is therefore much more fortunate than many head nurses in general hospitals in that she has both the opportunity *and the time* to teach. She demonstrates the application of medical asepsis to all the procedures which are used on her ward at the time. Experience cards, which the student nurses take from ward to ward with them, are signed by the head nurse as the procedure is shown; consequently, when the course is over, it can be very easily seen that the student has had demonstrations of all the procedures. By this method of individual instruction it is felt that student nurses derive more benefit than they would if they were given demonstrations in groups. As on any ward in general hospitals, new treatments are explained in detail.

On the evening when new nurses arrive, the instructor gives a preliminary orientation class and discusses matters relating to the course and its value before and after the completion of the undergraduate course. An attempt is made to dispel any fear of contagion which may be present in the minds of some of the students; by so doing this very fear is used to give student nurses a sense of responsibility for themselves and others. It is of course the duty of the instructors and others in authority to overcome this fear, for it is weakening; nurses must have confidence in themselves and unless they themselves possess this confidence graduate nurses are unable to dispel this fear in others.

Instruction is given regarding ambulance duty. It is the custom at this hospital for a nurse to accompany the ambulance when a child is to be admitted. This experience is considered valuable in many ways: it allows the nurse to get an insight into the home conditions from which her patients come, and it gives her a sense of responsibility in gathering accurate information which is essential from the medical point of view.

The second class given to the students deals with infection; the ways in which organisms enter the body; the effect of invasion; the means of escape. The attempts made to control communicable diseases in a community are all mentioned in a brief review which gives the student a general idea of this particular branch of the work. The third class deals with medical asepsis. A brief historical review is given, a comparison is made between surgical and medical asepsis, and the de-

tails necessary for medical asepsis are considered.

After these introductory classes the students have a "mind set" for the doctor's lectures, which are held weekly for the eight weeks which the student nurses spend with us. These lectures deal with the history of communicable diseases, with scarlet fever, diphtheria, measles and German measles, smallpox and chickenpox, pertussis and mumps, poliomyelitis and meningitis, and with immunity. After each lecture there is a supplementary class conducted by the instructor where the content of these lectures can be discussed and related to the nursing care of these diseases and to their prevention. At the end of the course there is a review of the work, followed by a written examination, after which the superintendent of nurses conducts an oral examination. For the students who have not studied the taking of throat cultures and preparation of slides in their own schools, this class is held. There are in all twenty-four hours of theoretical instruction.

Method

Mimeographed sheets are given to each nurse; these cover the application of medical asepsis to the procedures, the routine care of the wards, and a synopsis of each of the diseases discussed, dealing chiefly with the nursing care. No textbook is used, but our library contains excellent reference books.

In a hospital such as this there is a definite correlation of theory and practice. What is taught in the classroom can be shown on the wards: for example, if scarlet fever is being discussed in the classroom, it can be shown on the wards as soon as the class is over. During the lectures and classes, reference is frequently made to some of the ward patients so that the nurse can visualize the conditions more easily.

In some hospitals the poilcy is advocated of reproducing, as far as possible, for purposes of teaching, those home conditions which the public health nurse is likely to find. On the other hand, it may be considered that, if the graduate nurse has thoroughly understood the principles of medical asepsis, she can apply them even without the facilities and conveniences of a specialized hospital equipment. It might even be possible for a graduate nurse, possessing such qualifications, to care for communicable diseases as well as for maternity cases. At the Alexandra Hospital we have the privilege of sending our students with the Victorian Order of Nurses to observe their admirable technique used in caring for a patient suffering from a communicable disease in the home.

The practice of medical asepsis should surely be made known as widely as possible not only to the nurses, but also through them to the public. The nurse should be, to all observers, an example of thoroughness and dexterity in caring for her own health and appearance, and also an example of devotion and skill in caring for the health of her patients.

Plagues need no longer be regarded as an act of God, but as something to be avoided by knowledge and care. The nurse's part in this new enlightenment is coming to be recognized, and through careful training and a sense of individual responsibility each nurse should be prepared to play this part.

Book Reviews

DIAGNOSIS AND TREATMENT OF SKIN DISEASES, Including the Care of the Normal Skin, by Jacob Hyams Swartz, M.D., instructor in dermatology, Harvard Medical School; instructor in dermatology at the Nursing Schools of the Massachusetts General Hospital and the Beth Israel Hospital, and Margaret Gilson Reilly, R.N., graduate, Massachusetts General Hospital School for Nurses; supervisor of skin diseases, Massachusetts General Hospital; instructor of nurses in dermatology at Massachusetts General Hospital, Peter Bent Brigham Hospital, Children's Hospital, Melrose Hospital, Massachusetts Women's Hospital, Chelsea Memorial Hospital, and Somerville Hospital. 301 pages, with index. Profusely illustrated. Published by The Macmillans in Canada, St. Martin's House, Toronto. Price, $4.20.

This book differs from other works on dermatology in that it has been produced by the collaboration of a trained dermatologist and a nurse who has specialized for many years in the nursing care of skin diseases. Certainly in this instance collaboration has brought about excellent results for this book is admirable in its content, arrangement and format. Possibly there is no other branch of medicine in which the nurse needs more knowledge and acquires less than in dermatology. This ignorance is a heavy handicap no matter which field of nursing she may be engaged in but in pediatrics and obstetrics may lead to serious consequences. Public health and visiting nurses will find this book a mine of useful information and instructors in schools of nursing should hasten to add it to their reference lists.

An excellent teaching outline is provided in Chapter Four and suggestions are given for case studies. Sensible advice is given concerning the use of cosmetics and the care of the hair and private duty nurses especially will find this section helpful. There is a good chapter on the eruptions which characterize the exanthemata and sound advice on the treatment of pediculosis and ringworm. The school nurse will do well to study these closely.

MEDICAL AND SURGICAL ASEPSIS. The development of Asepsis and a study of current practice with recommendations concerning aseptic nursing methods in hospitals, by Virginia Henderson. Published by the Bureau of Publications, Teachers College, Columbia University, New York. Price, 75 cents.

A valuable study of medical and surgical asepsis has recently been published by the Department of Nursing Education, Teachers College, Columbia University. The author is Virginia Henderson, instructor in nursing arts in that department, and she is to be congratulated on her thorough and well documented presentation of a subject which is of such importance to the patient and to those responsible for his welfare.

Dr. Jean Broadhurst, Professor of Bacteriology in Teachers College, justly commends the study in these words:

"No practice included in the many procedures involved in hospital and home nursing care is more important than sterilization and no contribution could be more timely than Miss Henderson's descriptive survey of sterilizing procedures which, fortunately, covers two important phases of sterilization: sterilization procedures for various types of situations and a critical study of the various types of sterilizing apparatus and their management.

The text and reference books readily accessible to nurses contain so little first-hand material on sterilization that the bibliographical references will be found unusually helpful, especially as they have been arranged in sections relating to the specific situations on which they are used, such as catheters, hypodermic needles, solutions, bedding, and rooms. This critical study should be available in every hospital; it will be valuable to nurses seeking accepted standards and practices in sterilization and to those searching to improve such procedures."

This book is, of course, valuable to instructors of nurses but it has a far more extended use than that. Operating room supervisors, directors of contagious services and pediatric divisions will find it most helpful and it should be on the desk of every hospital superintendent since it would be a valuable aid not only to the wise selection of sterilizing apparatus but also in the building up of sound techniques.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

International

The Canadian Nurses Association, as an affiliated unit of the International Council of Nurses, was represented at a meeting of the Board of Directors of the latter organization by Miss Jean I. Gunn. The meeting was held in Geneva from July 10 to 12, inclusive. Other countries represented were: Great Britain, Germany, United States of America, Denmark, Holland, India, Norway, South Africa, France and Austria. All sessions were presided over by the President, Dame Alicia Lloyd Still. The Founder, Mrs. Bedford Fenwick, was present. The Board of Directors held seven sittings, the final one being held for the purpose of reading, correcting and approving the minutes of all the previous meetings. The following brief summary of the proceedings has been prepared from the splendid report sent to Miss Ruby M. Simpson, President of the Canadian Nurses Association, by Miss Gunn, to whom the Association is most grateful for so ably representing it on this occasion.

At the opening meeting, the Board of Directors stood in silence as a tribute to the memory of their late colleagues, Miss Mary Agnes Snively of Canada, and Miss Astrom of Finland.

The presidential address dealt chiefly with the reorganization of the Headquarters Office during the past two years. Many difficulties had been experienced but with reorganization completed, affairs are being satisfactorily administered. The rate of international exchange has adversely affected the I.C.N. finances. In addition, a number of member associations are not at present permitted to send any money out of their countries; these countries have been advised to collect and retain dues until their laws permit payment to the I.C.N. treasury. A number of member associations are in arrears with their dues. The estimated membership is 185,000 which under normal conditions would bring in an income of approximately $14,950.00. This income is considerably reduced owing to the high rate of exchange and the uncertain payments of dues from some member countries and the treasurer reported difficulty in preparing a satisfactory budget. The total estimated budget submitted amounted to $14,000.00

The Executive Secretary, Miss Anna Schwarzenberg, dealt in her report with several questions concerning routine management of Headquarters, in connection with which the following policies were adopted:

In reference to standing and special committees, all committee correspondence and work is to be done through Headquarters Office. If for any reason permission is given to any committee to correspond directly with members or member countries, carbon copies of all correspondence sent and of answers received are to be sent to Headquarters. In reference to translations, the present staff at Headquarters are capable of doing most of this work; the Executive Secretary is to decide when expert translators should be engaged.

Reports were received from the following committees: Education; Private Duty Nursing; Nursing Ethics; Publication; Constitution and By-Laws; Membership; Health Statistics; Florence Nightingale Memorial. Mrs. Bedford Fenwick, convener of the last-mentioned committee, presented Headquarters with many valuable reports and historical documents which she had in her possession.

Membership

The following resolutions were adopted regarding membership:

1. After the Membership Committee has carefully studied the qualifications for membership in the International Council of Nurses of a National Association, and is prepared to recommend its acceptance to the Board of Directors, the Association applying should be notified that dues for six months must be paid in advance.

2. An Association for two years in arrears should be notified that unless dues are paid in accordance with regulations, membership in the International Council of Nurses is forfeited.

3. Affiliated Associations when sending dues to the treasurer must report the number of members as of January 1 of each year.

4. Any National Association, the membership of which has dropped below fifty shall be informed that, until the required membership is reached, they may, by the order of the Board of Directors, be permitted an associate national representative.

5. The Membership Committee should study the professional qualifications for admission to the International Council of Nurses with special attention to the different classes of nurses, and other workers such as those with mental training, care of children, midwives, etc. Furthermore, if a National Association now a member of the International Council of Nurses, is receiving different grades or classes of workers, nurses, mental nurses without a nurse's training, midwives without a nurse's training, it will not continue to be eligible for membership in the International Council of Nurses. (The findings of this study will be given consideration by the Board of Directors at the next meeting.)

The following resolution was adopted concerning the Florence Nightingale International Foundation:

That the Board of Directors of the International Council of Nurses approve as the ultimate goal of the Florence Nightingale International Foundation, the establishment of a faculty of nursing education in some educational institution of university status.

International Review

It was felt that the Board of Directors did not have sufficient information to come to any decision as to the continuance of *The International Nursing Review*. In addition, the large sum paid out to settle the accumulated debts of the *Review* left the treasurer short of funds for any new expenditures. It was decided to refer the matter to the publications committee, of which Miss Mary Roberts is chairman. This committee is made up of nurses, engaged in the publication of national nursing magazines, who have expert knowledge of the subject. The publication committee, with the President and Executive Secretary, will decide what action is advisable.

Co-operation

After some discussion, it was decided that the extent of co-operation with other international organizations should be left to the discretion of the President and the Executive Secretary, it being understood that the International Council of Nurses could only co-operate with other organizations in so far as their policies were identical and harmonious.

Congress in 1937

It was decided that the date of the Congress in 1937 will not be earlier than the second week in July: the Congress is to be held in London, England.

International Foundation

The second ordinary meeting of the Grand Council of the Florence Nightingale International Foundation was held at St. Thomas's Hospital, London, England, on July 2 and 3, 1935. Dame Alicia Lloyd Still presided, and the National Florence Nightingale Memorial Committee of Canada was represented by Miss Jean I. Gunn, who also acted as a delegate from the International Council of Nurses. Other National Committees represented were: Denmark, Finland, France, Great Britain, India, Irish Free State, Latvia, Norway, South Africa, Sweden and the United States of America. Among the visitors invited to attend the meeting was Miss Anna Schwarzenberg, executive secretary of the International Council of Nurses.

The treasurer reported that donations to the Endowment Fund amounted to approximately ten thousand dollars. On recommendation by the solicitors to the Foundation, incorporation was deferred until a later date as it appears that immediate incorporation might impose some restrictions which would create difficulties during the process of organization. Draft by-laws were presented for consideration and after amendments were made, the by-laws were finally adopted.

The membership clause in the by-laws reads: "The Member Bodies of the Grand Council shall be the International Council of Nurses, the League of Red Cross Societies and the National Florence Nightingale Memorial Committees of every country contributing to the Foundation."

It was reported that the recommendations submitted in 1934 by the Canadian Nurses Association to the Grand Council (see *The Canadian Nurse* for September, 1934, p. 423) had been given consideration by the Educational Committee of the Foundation. It has been decided to take preliminary action by having a study made of the facilities for nursing education now existing in London. A committee of four is to make this study, three of whom shall be residents of London, and the fourth, who will direct the study, shall be a nurse from some other country. There are at present twenty countries that have organized National Florence Nightingale Memorial Committees. Most of the countries reporting stated that the National Red Cross Society in their individual country was taking active interest in the project. Norway, Sweden and the United States reported the successful use of the radio as a means of creating public interest.

The following recommendations from the Florence Nightingale Memorial Committee of the United States were presented:

This Committee recommends that the immediate goal of the Foundation should be the establishment of a Chair of Nursing Education and a Faculty of Nursing in the University of London. The functions of such a faculty should be research in nursing education and the development of a broad educational programme.

This Committee considers it essential that the courses offered be much wider in scope than the present courses available in the countries from which the students come, otherwise there will be little incentive for prospective students to assume the necessary financial outlay. It is also believed that the Foundation should offer courses which all countries can look upon as greatly in advance of existing facilities in the various countries.

It is further recommended that, with the establishment of a Chair of Nursing, the appointee to the Chair should be a nurse with the necessary academic and professional qualifications, and she should become director of the educational programme. It is also suggested that the Foundation arrange for a definite study of the type of courses required by the different countries participating. This seems most essential, as the success of the Foundation will depend upon the support of the various national associations. It is also recommended that elective opportunities be available for nurses from English-speaking countries, or for those possessing a good command of English.

Since the study of the facilities for nursing education in London is being planned, no further action was taken on this recommendation.

At the time that this meeting of the Grand Council took place, eighteen students had enrolled for the International Courses for Nurses at Bedford College for Women for the year 1935-36, of whom three are Canadians: Miss Gladys Sharpe, instructor, School of Nursing, The Western Hospital, Toronto, who was awarded the Canadian Nurses Association Scholarship; Miss Agnes C. Neill, a member of the nursing staff of the Toronto General Hospital, and Miss Gladys Holden, a graduate of the Women's College Hospital, Toronto, who has been attached to the Zenana Mission in India since 1923.

From South Africa

The following kind and appreciative letter has been received by the Executive Secretary from Miss T. M. Rees, Matron-in-chief of the Southern Rhodesian Nursing Service:

May I take this opportunity of conveying to the Canadian Nurses Association the warmest greetings from the South African Trained Nurses Association, and especially from the Rhodesian Nursing Service. I was asked to make inquiry in regard to the part your Association plays in the Registration and Examinations of Nurses in Canada. I find you are aiming at a Dominion Registration. Splendid! We wish you all every success in your efforts, realizing what difficulties you will have to

encounter. May each one prove an added spur to you winning through. As you know, the four Provincial Councils of South Africa fused to form the South African Medical Council on January 1, 1929, and on that date was born this new Medical Council of Southern Rhodesia. This Council administers the Medical, Dental and Pharmacy Act which provides for Nurse Registration and for registration by examination of the student nurses trained in our two Training Schools.

When I planned to visit America, the College of Nursing put me in touch with your Association through Miss Jean Browne, of the Exchange Committee, and I am very grateful to her for all her help and the arrangements she made for me. I would like to thank her and the Canadian Nurses Association for this assistance, as well as my hostesses, Miss Hersey and Miss Locke (in Miss Gunn's absence) as well as all those other members who were so good to a nursing colleague visiting you from the youngest colony of the Empire.

OUR HONOUR ROLL

It is our privilege to present to our readers two Canadian nurses whose names have recently been added to those already honoured by the King. Miss Mona Wilson, of Prince Edward Island, and Miss L. Euphemia Denton, of Saskatchewan, have been made members of the Order of the British Empire and our readers will agree that both have justly merited the distinction conferred upon them.

Mona Wilson, M.B.E.

Miss Wilson is a native of Toronto and is a graduate of the School of Nursing of Johns Hopkins Hospital and of the course in public health nursing of the University of Toronto. The position she now holds is that of director of public health nursing in the Department of Public Health of Prince Edward Island. Previous to assuming this post Miss Wilson served from 1923 to 1931 as chief nurse of the Prince Edward Island branch of the Canadian Red Cross Society.

Miss Wilson rendered valuable service to the American Red Cross Society in France and in 1919 was transferred to the Siberian Commission and was in charge of wards and night supervisor of the American Red Cross Hospital in Vladivostok. Later she was attached to the European Commission and worked in Albania with a mobile unit doing dispensary work in mountain villages. Still later she was in charge of the hospital at Tirana and of an emergency hospital in the fighting zone between the Albanians and Italians. She also helped with the organization of relief work for Russian refugees in Dalmatia and was in charge of a typhus hospital, and did child welfare and general health work in mountain villages of Montenegro.

In addition to her latest honours, Miss Wilson has been awarded the Italian Red Cross Medal and also the King's Jubilee Medal. Prince Edward Island may well be proud of her and so may Canada.

L. Euphemia Denton, M.B.E.

Miss Denton was born in Owen Sound, Ontario, and is a graduate of the School of Nursing of the University of Michigan. By way of postgraduate study she took a course in mothercraft at the Truby King Institute in London. Miss Denton rendered nursing service during the Great War from 1916 to 1919 and was awarded the Royal Red Cross, second class, and later the King's Jubilee Medal. Since the war, Miss Denton has been engaged in Mission Hospital work under the auspices of the Presbyterian Church in Saskatchewan and later was associated with the Red Cross Outpost Hospitals in that province. Miss C. Isabel Stewart renders her this tribute:

"Her community work in the districts where outpost hospitals are established has been outstanding. Everybody was solidly behind the hospital because she was always willing 'to go the second mile' with no thought of self. I felt she could do the job much better than I could and she never let me down."

Miss Denton has recently been guiding the transformation and expansion of the Lady Grey Hospital at Nipawin into a community hospital.

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News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

MANITOBA

WINNIPEG: A general meeting of the Manitoba Association of Registered Nurses was held in the Legislative Buildings on September 6. Following the reports of the various committees and sections, a discussion took place concerning *The Canadian Nurse*, and plans are being made to form a committee which will supervise a subscription campaign.

During September a ten-day refresher course for registered nurses was held in the Manitoba Medical College. Following is a list of the speakers and their subjects: Dr. Peterson: public health and social hygiene; Dr. A. M. Davidson: skin diseases; Dr. F. McGuinness: pre-natal and maternal care; Dr. Gordon Chown: new aspects of child care and nutrition; Dr. F. Mathewson: first aid and modern treatment of injuries; Dr. M. R. MacCharles: cancer; Dr. F. W. Jackson: the Public Health Act; Dr. Shoults: milk and foods; Mr. J. Foggie: sanitation; Dr. S. Wall: diseases of the eye and trachoma; Dr. F. McKenty: vision testing; Dr. E. H. Alexander: sight saving; Dr. D. A. Stewart: tuberculosis; Dr. Mitchell (of Montreal): two lectures on mental hygiene; Dr. J. Meakins: new aspects of medicine; Dr. R. J. Harris, new aspects of surgery.

The Manitoba Association of Registered Nurses has been honored by Dr. Stewart and the Board of the Ninette Sanitorium, in that our president, Miss Elsie Wilson, has been asked to represent the Manitoba Association of Registered Nurses at the twenty-fifth anniversary celebration of the Sanitorium.

The board of directors of the Manitoba Association of Registered Nurses entertained at a delightful luncheon recently for Miss E. Johns, editor of *The Canadian Nurse*, who was a visitor in Winnipeg; about thirty members of the Association were present.

BRANDON: MARRIED: In August, 1935, Miss Ila Sampson (B.G.H., 1928) to Mr. W. H. Owens.

MARRIED: On July 16, 1935, Miss Lena McCoy (B.G.H., 1933) to Mr. R. J. Matthewson.

MARRIED: On June 19, 1935, Miss Emma Bright (B.G.H., 1929) to Mr. S. Paler.

NEW BRUNSWICK

FREDERICTON: The Fredericton Chapter of the N.B.A.R.N., have resumed their meetings and plans were made to entertain the annual convention of the New Brunswick Association of Registered Nurses. Miss Mildred Rogers (1931) has returned after a postgraduate course at the Montreal Maternity Hospital. Miss Christana Brighton and Miss Esther Ellis are both employed at the Jewish General Hospital in Montreal. Miss Marion Tupper has returned to her nursing duties after a visit to Western Canada. Fredericton mourns the loss of one of her leading doctors in the person of Dr. Allan Sterling, who died suddenly during the early summer.

SAINT JOHN: MARRIED: On July 15, 1935, Miss Adah S. Nichol (S.J.G.H., 1934) to Mr. John H. Creighton.

MARRIED: On July 9, 1935, Miss Marjorie Titus (S.J.G.H., 1931) to Rev. Donald Stockford.

ONTARIO

DISTRICT 1

LONDON: The following nurses all of whom are residents of London have been awarded the King's Jubilee Medal: Miss Mary L. Jacobs, superintendent of nurses, Ontario Hospital, London; Miss Ada Parrish; Miss Ada Bodkin; Miss Marion McDiarmid; Miss Allie Hiles; Miss Alice Turner, R.R.C.; Mrs. A. G. Oligney (née Annie Paynter); Miss Hilda Stuart, superintendent of nurses, the Victoria Hospital, London; Miss May M. Jones, president of the Alumnae Association of the School of Nursing of the Victoria Hospital; Miss Mildred Walker, president, R.N.A.O. District One; Reverend Mother M. Patricia, St. Joseph's Hospital. In Chatham, the same honour was conferred on Miss Priscilla Campbell, superintendent, Public General Hospital, and Reverend Mother Mary, St. Joseph's Hospital. In Byron, Miss A. L. Bradley, superintendent of nurses, Queen Alexander Sanitorium and Miss Della Birrell received the medal. In Sarnia, Miss Lee and Miss Horton and in St. Thomas, Miss Lucille Armstrong, superintendent of nurses, Memorial Hospital. Miss Burns, who is a graduate of the School of Nursing of St. Joseph's Hospital, London, and of the nursing division of the University of Western Ontario, has accepted a position as public health nurse in Sarnia replacing Miss J. McNaughton, who resigned to be married. Miss May M. Jones, graduate of the School of Nursing of the Victoria Hospital, London, has accepted the position of superintendent of nurses at the Cottage Hospital, Pembroke, Ont. Mrs. Harlton Rawlings (Helen Roberts), graduate of the School of Nursing of the Ontario Hospital, London, has left for Christian Island Ojibway Indian Reserve with her hus-

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band, who is senior teacher. Mrs. Rawlings will render nursing service to the Indians.

DISTRICTS 2 AND 3

BRANTFORD: The regular monthly meeting of the Alumnae Association of the Brantford General Hospital was held recently with Miss H. D. Muir presiding. Dr. Leslie Bier, a medical missionary, who is at home on furlough, gave a most interesting and informative talk on his work in Angola, Portuguese West Africa. Mrs. B. Linton (Madoline Waghorne, B.G.H., 1928) has returned to her home in Waterville, N.S.

MARRIED: On August 21, 1935, Miss Helen Marguerite Miller (B.G.H., 1928) to Rev. Frank A. Gilbert.

MARRIED: On August 21, 1935, Miss Elizabeth Margaret Reain (B.G.H., 1933) to Mr. Edward George Drewry.

QUEBEC

MONTREAL GENERAL HOSPITAL: The following M.G.H. graduates have received scholarships for postgraduate work at the School for Graduate Nurses of McGill University during the coming year: Miss Ellen S. Reid (1930), Miss Mariette Bergeron (1931), Miss Carol Michaels (1932), Miss Helen Hamilton (1933). Miss Beatrice Hadrill (M.G.H., 1917) has accepted the position of instructress at the Chipman Memorial Hospital, St. Stephen, N.B. Miss Bernice Underhill (M.G.H., 1932) has accepted a position on the teaching staff of the School of Nursing of the Vancouver General Hospital. Miss Gertrude Cooke (M.G.H., 1922) sailed on the "Ascania" on August 23 for England, where her marriage to Dr. Fosberry, recently retired headmaster of Lower Canada College, will take place during September. Miss Margaret McKay (M.G.H., 1929) has been appointed school nurse at Upper Canada College, Toronto.

MARRIED: On August 17, 1935, Miss Doris L. Cosman (M.G.H., 1932) to Mr. C. A. Bradley.

MARRIED: On July 24, 1935, Miss Anna Mae Smith (M.G.H., 1929) to Dr. S. Martin Banfill.

MARRIED: On August 27, 1935, Miss Flora Marguerite Smith (M.G.H., 1928) to Mr.

MARRIED: On August 26, 1935, Miss Mary Allan Pope (M.G.H., 1934) to Dr. James Brady Poole.

Alexander Scott Turnbull.

SASKATCHEWAN

SASKATOON CITY HOSPITAL: Miss Margaret Gooderham (S.C.H., 1933) and Miss Evelyn Stevenson (S.C.H., 1934) have accepted positions on the staff of the Saskatoon City Hospital. Miss Marion Bie (S.C.H., 1933) has left to take a postgraduate course at the School for Graduate Nurses, McGill University.

MARRIED: On July 31, 1935, Miss Mabel F. Dahl (S.C.H., 1921) to Mr. James Thomson.

MARRIED: On August 17, 1935, Miss Gertrude Jean Rogers (S.C.H., 1932) to Mr. Dan McGill.

SUMMERBERRY: Miss E. B. Cuming is the fortunate winner of one of the twenty major prizes awarded by the Palmolive Soap Company to the writers of letters telling why this soap is preferred by them. The winners had the choice of a thirty-four-day tour on the largest ship in the world, the S.S. "Normandie," or one thousand dollars in cash. Miss Cuming preferred the cash.

OBITUARY

BECKTEL — On June 29, 1935, at Buffalo, N.Y., the death occurred of Caroline Anderson, beloved wife of Sylvan N. Becktel. Mrs. Becktel was a member of the class of 1914 of the School of Nursing of the Winnipeg General Hospital and previous to her marriage was industrial nurse with the firm of Gordon, Ironsides & Fares in Winnipeg.

McALLISTER — The death of Miss Lillian McAllister, R.N., occurred suddenly on August 5, 1935, while she was on duty at the Royal Columbian Hospital, New Westminster, B.C. Miss McAllister was a graduate of the School of Nursing of the Royal Columbian Hospital and filled several important posts on the staff of that institution. She was an interested member of the nursing profession and served for several years as president of the New Westminster Graduate Nurses Association and on the Council of the Registered Nurses Association of British Columbia. She was a recipient of the King's Jubilee Medal in May, 1935. Her funeral was held from the Nurses Residence and there was a large attendance. She was buried in the Fraser Cemetery, overlooking the Hospital where all her years of professional activity were spent.

APPOINTMENTS

Miss Beatrice Creasy has been appointed as junior assistant superintendent of the Victorian Order of Nurses for Canada. Miss Creasy was a member of the teaching profession before entering upon her nursing career; she is a graduate of the School of Nursing of the Winnipeg General Hospital and of the course in public health nursing of the School for Graduate Nurses, McGill University. She has been a member of the staff of the Victorian Order for several years and was in charge of the East York Branch until her recent appointment.

Miss Evelyn Mallory has recently been appointed superintendent of nurses in the Children's Hospital of Winnipeg. Miss Mallory is a graduate of the School of Nursing of the Winnipeg General Hospital and of the School for Graduate Nurses of McGill University. Prior to her new appointment, she was a member of the teaching staff of the School of Nursing of the Vancouver General Hospital.

FIGHT AGAINST DISEASE

The Metropolitan Life Insurance Company has long been a source of authoritative and interesting health literature. The latest addition to the many pamphlets it has generously made available is "Man's Fight Against Disease," an attractive little volume consisting of thirty-one reproductions of a series of placards on the history of health, hygiene and medicine now on exhibition at the National Museum in Washington. While there will be no general distribution of this pamphlet, school nurses may obtain one free of charge by writing to Dr. N. L. Burnette, Welfare Division, Metropolitan Life Insurance Company, Ottawa. These pamphlets would be excellent illustrative material for health talks to older boys and girls and indeed could be used to advantage in schools of nursing.

A CORRECTION

In the July number of *The Canadian Nurse* an obituary notice was published which announced, in error, the death of Mary Shaw, wife of Angus M. Hamilton. This notice was sent to the *Journal* for publication from an official source and we had therefore no reason to question its accuracy. It now appears that a serious error was made and that the item should have recorded the death of Mr. Angus Hamilton and not that of his wife, who survives him.

While sincerely regretting the pain and annoyance caused to bereaved relatives by this unfortunate mistake the *Journal* cannot accept any responsibility for it. We can only urge the contributors of news notes to exercise the utmost caution in verifying *all* items intended for publication, especially those of a personal nature.

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Province of Ontario

EXAMINATION ANNOUNCEMENT

An Examination for the Registration of Nurses in the Province of Ontario will be held in November.

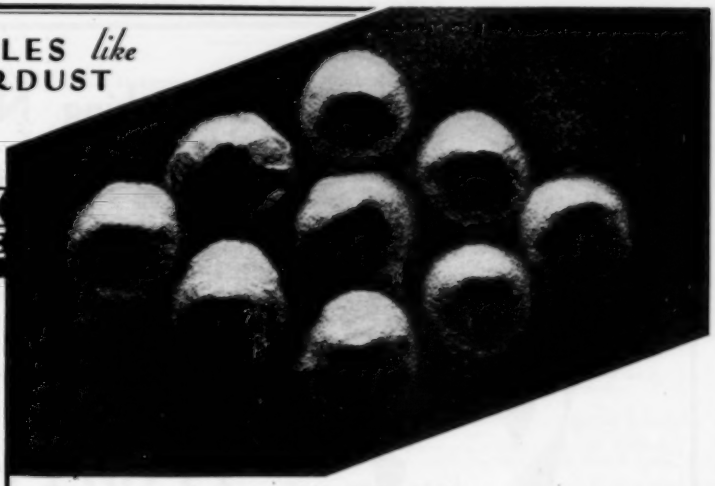
Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to

MISS A. M. MUNN, Reg. N.
Parliament Buildings, Toronto

. . . OFF . . . DUTY . . .

The melancholy days have come . . . the saddest of the year . . . What we are trying to convey is . . . that we hate, loathe and detest . . . the very thought of winter . . . and there is frost in the air . . . these cool autumn mornings . . . By way of fortifying ourselves . . . against the wintry blast . . . we emulated Wordsworth this summer . . . and made a fine collection of sunlit landscapes . . . which we can call to mind . . . when our heart is bowed down . . . with weight of woe . . . and the snows of a Montreal winter . . . Of course, these landscapes . . . have no existence in fact . . . but are of the variety . . . which our poet describes as being visible only to that inward eye . . . which is the bliss of solitude . . . You will remember that the contemplation of them inspired Mr. W. to exclaim . . . "and then my heart with pleasure fills . . . and dances with the daffodils" . . . Our inward eye gathered quite a rich harvest this summer . . . To begin with . . . we had a holiday . . . the first in a good many years . . . Naturally we took the Western trail . . . and gathered a daffodil or two . . . For example . . . we saw the gulls wheeling about a great rock at Peninsula . . . while the blue waves of Lake Superior . . . broke into foam at its base . . . On one halcyon morning . . . we pensively reclined . . . on the silver sands of Lake Winnipeg . . . and watched a family of sandpipers . . . (father, mother and two children) . . . skittering along the delicate edge of the bubbles which formed as the ripples curled over . . . Believe it or not . . . we saw a bittern flap heavily out of a tangle of reeds . . . and a humming-bird hovered over a flower . . . almost within reach of our hands . . . Lest we should be accused of indulging too freely in poetic license . . . we hasten to add . . . that the place at which we were staying . . . is situated in the midst of a bird sanctuary . . . In this blessed peace . . . none dares to make them afraid . . . and we saw a young robin . . . daintily accept a mayfly . . . from the fingers of a patient gentleman . . . who got up to beguile him in the early morning . . . before too many people were about . . . Not all our landscapes are in colour . . . we have a few nocturnes . . . in grey and silver . . . and a Japanese print . . . which shows a black pine tree . . . etched against a blaze of lightning . . . So that our cup might be full . . . one hot summer midnight . . . the Northern Lights flamed across the sky . . . and were reflected in the mirror of the lake . . . Next winter in the icy chill . . . we shall open our portfolio . . . and bask in the reflected glow . . . And there is one picture . . . which we have not mentioned . . . but which we like best of all . . . even though it was designed by man . . . and not by nature . . . In Assiniboine Park . . . (Winnipeg, in case you do not know) . . . there was a great stretch of green sward . . . surrounded by what gardeners unromantically call herbaceous borders . . . Here the glory of the whole summer . . . was gathered up into wave upon wave . . . of colour and perfume . . . and Hampton Court blossomed . . . on what was once the unbroken prairie . . .

SPARKLES *like* STARDUST



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BRITISH COLUMBIA

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